

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/24/2015
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NAME OF PROVIDER OR SUPPLIER WORTHINGTON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 10799 ALLIANCE DR CAMBY, IN 46113
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	<p>This visit was for State Residential Licensure Survey.</p> <p>Survey dates: November 20, 23, & 24, 2015</p> <p>Facility number: 003984 Provider number: 003984 AIM number: N/A</p> <p>Census bed type: Residential: 35 Total: 35</p> <p>Sample: 7</p> <p>This State finding is cited accordance with 410 IAC 16.2-5.</p> <p>QR completed by 14466 on November 29, 2015.</p>	R 0000		
R 0349 Bldg. 00	<p>410 IAC 16.2-5-8.1(a)(1-4) Clinical Records - Noncompliance</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows: (1) Complete. (2) Accurately documented.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>(3) Readily accessible. (4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure a resident's resuscitation (code) status was accurately documented in the clinical record for 1 of 7 residents reviewed (Resident #27).</p> <p>Findings include:</p> <p>The clinical record for Resident #27 was reviewed on 11/23/15 at 9:45 a.m. Diagnoses included, but were not limited to hypertension and osteoporosis.</p> <p>A review of the front of Resident #27's clinical record, indicated Resident #27's code status was full code (everything possible and necessary to save a person's life is done).</p> <p>A review of recapitulation Physician's orders for June, July, August, September, October, and November 2015, indicated Resident #27's code status was "no code."</p> <p>The clinical record review for Resident #27, lacked an Out of Hospital Do Not Resuscitate Declaration (DNR) form.</p> <p>During an interview on 11/23/15 at 11:35 a.m., the Care Service Manager (CSM), indicated Resident #27 did not have a DNR form signed by a physician and</p>	R 0349	<p>Resident signed DNR form on 11/23/2015 and had physiciansign the DNR form on 11/24/2015 and form is placed in Resident #27'schart. Resident #27's chart was changedto match Physician's orders "no code. Task Sheet identified status as DNR.</p> <p>Care Services Manager conducted a review of the clinicalrecords of residents to ensure records were complete and accurately documentedpertaining to resident's resuscitation (code) status. No other residents were found to beaffected. Task Sheets were reviewed forproper status.</p> <p>Licensed Nursing Staff were in-serviced 12/08/2015 ondocumentation regarding resident's resuscitation (code) status. Education regarding proper documentation ofresident's resuscitation (code) status will be provided to new licensed nursingstaff upon hire to Worthington Place.</p> <p>The ExecutiveDirector will be responsible for ensuring clinical records are complete andaccurately documented regarding resident's resuscitation (code) status toensure compliance with Indiana State regulation. The Care Services Managerand/or Designee will</p>	12/30/2015			

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	<p>would have to be treated as a full code status.</p> <p>On 11/24/15 at 4:25 p.m., the CSM provided an Out of Hospital Do Not Resuscitate Declaration form for Resident #27. The form indicated Resident #27 signed the form on 11/23/15, and a physician signed the form on 11/24/15.</p> <p>During an interview on 11/23/15 at 4:45 p.m., the CSM indicated there was not a facility policy regarding resident code status. The CSM indicated new admitting residents are assessed for code status preference. If a resident's preference is to have DNR code status, they are given a DNR form. If a resident uses an in house physician, then the facility will have the form signed. If a resident uses an out of facility physician, then the resident is responsible for getting the DNR form signed by the physician and brought back to the facility.</p>		<p>perform audits on new residents' clinical records to ensure resident's resuscitation (code) status matches Physician's orders to ensure continued compliance for a period of (6) months. Findings will be reviewed through the Worthington Place QA process. After (6) months of review, the QA committee will determine the need for an ongoing monitoring plan. Findings suggestive of compliance will result in cessation of the monitoring plan. Cessation of the monitoring plan will be based upon the results of random reviews that indicate no additional areas of concern concerning the above referenced regulatory criteria.</p> <p>12/30/15 compliance date</p>				